



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

April 29, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Allied Insurance
Insurance Carrier
Attn: Cindy Meyer
3820 109th Street, Dept. 5576
Des Moines, IA 50391-5576

04-R-0576

RE: Charles Garcia

Dear Ms. Myers:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on April 19, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

RCS# 5585
4/19/04
3:03 PM

Atlanta City Council

Regular Session

CONSENT I CONSENT I PG(S) 1-18, EXCEPT:04-R-0538
04-O-0487 04-R-0473
ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 0

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	NV Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Boazman	NV Woolard

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0084

Date: March 4, 2004

Claimant /Victim CHARLES GARCIA
BY: (Ins Co) Allied Insurance
Address: 3820 109th Street, Dept. 5576, Des Moines, IA 50391-5576
Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____
Date of Notice: 02/10/04 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 03/18/02 Place: 180 Northside Drive and Fair Drive
Department Watershed Management Bureau: Wastewater
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle was damaged as a result of a vehicular accident with the driver of a City vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, in that the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

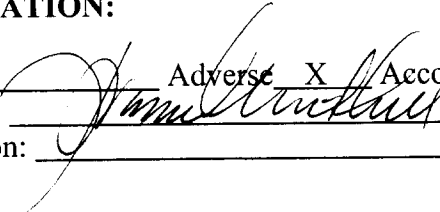
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____ 2P01 _____
Claims Manager:  Concur/date 03/17/04
Committee Action: _____ Council Action _____



Allied Insurance

a member of Nationwide Insurance

Allied Property & Casualty Ins Co
Rocky Mountain Regional Office
3820 109th St Dept 5576
Des Moines, IA 50391-5576
Phone: 303-796-4500 / 800-233-0394

FEBRUARY 4, 2004

Michael
02/10/04
DM

ENTERED - 2-17-04 - SB
04L0084 - DIANNE MITCHELL

CITY OF ATLANTA

68 MITCHELLST SW STE#4100
ATLANTA GA 30303

Insured: CHARLES GARCIA
Claim Number: 05B57280
Policy Number: PPC 0008325702
Date of Loss: 03 / 18 / 02

Your Insured:
Your Claim Number:

Dear:

This letter serves as notification of our subrogation rights.

Based on the information available to us at this time, it has been determined that your insured was negligent in the accident on 03 / 18 / 02 . If we issue payment for damages and/or injures sustained in this accident, we will be looking to you for reimbursement.

Sincerely,

CINDY MEYER - EXT 4648
Ext.
Claim Representative
Allied Property & Casualty Ins Co

Entered - 02/17/04 - sb
CL04L0084 - DIANNE C. MITCHELL

CLAIM OF: **CHARLES GARCIA,**
through his insurance carrier,
Allied Insurance
3820 109th Street, Dept. 5576
Des Moines, IA 50391-5576

04- R -0576

For damages alleged to have been sustained as a result of a vehicular
accident on March 18, 2002 at 180 Northside Drive and Fair Street.

THIS ADVERSE REPORT IS APPROVED

BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 3/30/04

CHAIR: [Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

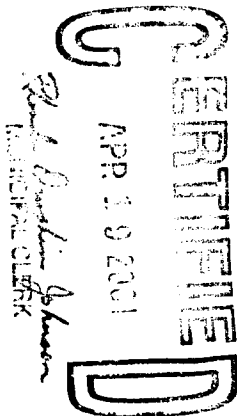
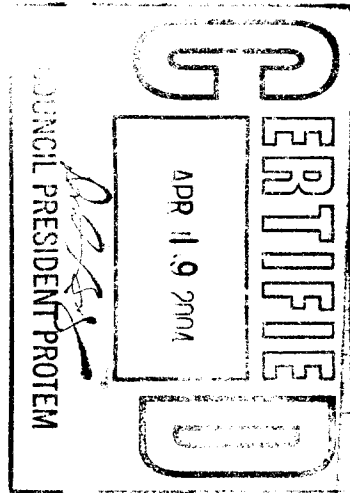
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APR 19 2004